PTO/SB/17 (10-08) Approved for use through 06/30/2010. OMB 0651-0032

Under the Pa	perwork Reduction Act of	1995, no person are rec	guired to	U.S. Patent respond to a collection	t and Tradema on of informati	erk Office; U.S. DE on unless it displa	PARTMENT O	F COMMERO control numb	
Effective on 12/08/2004.				Complete if Known					
Fees pursuant to the Consolidated Appropriations Act, 2005 (H.R. 4818).			4818).	Application Number		09/648,111			
FEE TRANSMITTAL				Filing Date /		August 25, 2000			
				First Named Inventor		Kwang-Jo HWANG			
For FY 2009				Examiner Name A		A. R. Wilson			
Applicant claims small entity status. See 37 CFR 1.27				Art Unit 2		2815			
TOTAL AMOUNT OF PAYMENT (\$) 810.00			Attomey Docket No.		3430-0131P				
METHOD OF PAYMENT (check all that apply)									
Check Credit Card Money Order None Other (please identify):									
x Deposit Account Deposit Account Number: 02-2448 Deposit Account Name: Birch, Stewart, Kolasch & Birch, LLP									
For the above-identified deposit account, the Director is hereby authorized to: (check all that apply)									
x Charge fee(s) indicated below Charge fee(s) indicated below, except for the filing fee									
Charge any additional fee(s) or underpayments of fee(s) under 37 CFR 1.16 and 1.17									
FEE CALCUL	.ATION								
1. BASIC FILIN	G, SEARCH, AND E		3						
	FII	ING FEES	SEA	ARCH FEES	EXAMIN	ATION FEES	3		
Application Ty	pe Fee (\$	Small Entity) Fee (\$)	Fee (\$)	Small Entity Fee (\$)	Fee (\$)	Small Entity Fee (\$)	Fees P	aid (\$)	
Utility	330	165	540	270	220	110			
Design	220	110	100	50	140	70			
Plant	220	110	330	165	170	85			
Reissue	330	165	540	270	650	325			
Provisional	220	110	0	0	0	0			
2. EXCESS CLAIM FEES Small En									
Fee Description							Fee (\$)	Fee (\$)	
Each claim over 20 (including Reissues)						52	26		
Each independent claim over 3 (including Reissues)							220	110	
Multiple dependent claims							390	195	
			Fe	e Paid (\$)	aid (\$) Multiple Deper				
30 -30 or HP x =				Fee (\$)			Fee Paid (\$	1	
	per of total claims paid for	, if greater than 20.						_	
Indep. Claims	Extra Claims	Fee (\$)	Fe	e Paid (\$)					
	4 or HP = per of independent claims	paid for, if greater than	3.						
listings und	N SIZE FEE tion and drawings ex er 37 CFR 1.52(e)), t action thereof. See 3	the application size	fee du	is \$270 (\$135 f					
Total Sheet		.,.,,		dditional 50 or frac	tion thereof	Fee (\$)	Fee F	aid (\$)	
100 = /50 = (round up to a whole number) x =									
4. OTHER FEE(S) Fees Paid (\$)									
Non-English Specification, \$130 fee (no small entity discount)									
Other (e.g., l	ate filing surcharge):	1801 Request fo	or cont	inued examinat	tion (RCE)	(see 37	81	0.00	
SUBMITTEO BY									
Signature	> Estte	s Chin		Registration No. (Attorney/Agent)	40,953	Telephone	(703) 205-8000		
Name (Print/Type)	Esther H. Chong		Γ			Date	January 12, 2009		